GardenHill Funeral Director Services, Inc.

579 Grove Street Irvington, NJ 07111

Betty R. Hill, Manager NJ Lic. No. 4156

Tel.: 973-675-8401 Fax: 973-866-5656

www.garden-hill.com

AUTHORIZATION FOR REMOVAL (Name of Institution) To release the body of _____ (Deceased) To **GardenHill Funeral Director Services, Inc.** and/or its agents. I,______ verbally authorize the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains ____ my___ I attest that I have the legal authority to take this action. Per _____ Name: Address: Photo of Decedent: Phone #: Email: _____ authorized the above named funeral home and/or its agents to remove, embalm and prepare for final disposition the remains of _____ my____ I attest that I have the legal authority to take this action. Sign:______ Date:_____

Address:______ Tel.:_____